



# State of Delaware Attorney General's Check Enforcement Program Check Complaint Form

## PROGRAM PARTICIPANT INFORMATION

Company Name \_\_\_\_\_ Program ID Number \_\_\_\_\_

The undersigned states that he/she has actual knowledge of the facts stated below and believes that they are true as presented.

If restitution is not possible, checks that meet a minimum standard may be reviewed for possible prosecution. A check case that is selected for prosecution will require the person who authorized acceptance of the check to be a witness in the case.

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT-** It is important to try to establish positive ID. This can be done two ways: (1) if photo is verified and noted or (2) the person taking the check can positively identify the check writer. If possible, list the name of the person who can positively identify the check writer for each check below.

## CHECK WRITER INFORMATION

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender M ☐ F ☐

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Driver's License # \_\_\_\_\_ State Where Issued \_\_\_\_\_ Other Photo ID \_\_\_\_\_

Please list any additional information to help identify or locate the check writer:

Certain checks are civil rather than criminal issues. Please check this box to verify that no check(s) submitted were post-dated or accepted as payment on an account and there was no agreement to hold any check.

## CHECK INFORMATION

1. Reason check was dishonored: ☐ NSF ☐ Account Closed ☐ No Account ☐ Refer-to-Maker

Was partial payment accepted? ☐ Yes ☐ No If yes, what amount? \_\_\_\_\_ Photo ID was checked and verified ☐

Ck. No. \_\_\_\_\_ Date passed \_\_\_\_\_ Amount \$ \_\_\_\_\_ Bank Charges incurred \_\_\_\_\_

Person who accepted check \_\_\_\_\_ Can the person who accepted this check positively identify the check writer ☐ Yes ☐ No

2. Reason check was dishonored: ☐ NSF ☐ Account Closed ☐ No Account ☐ Refer-to-Maker

Was partial payment accepted? ☐ Yes ☐ No If yes, what amount? \_\_\_\_\_ Photo ID was checked and verified ☐

Ck. No. \_\_\_\_\_ Date passed \_\_\_\_\_ Amount \$ \_\_\_\_\_ Bank Charges incurred \_\_\_\_\_

Person who accepted check \_\_\_\_\_ Can the person who accepted this check positively identify the check writer ☐ Yes ☐ No